

PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/072,247	
	Filing Date	10/23/2001	
	First Named Inventor	Cook	
	Art Unit	3743	
	Examiner Name	Patel, Mital	
Total Number of Pages in This Submission	18	Attorney Docket Number	COOK 8715C1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee authorization form extra copy.
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ahaji K. Amos
Signature	<i>Ahaji K. Amos</i>
Date	December 9, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Ahaji K. Amos		
Signature	<i>Ahaji K. Amos</i>	Date	December 9, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Post-it® Fax Note	7671	Date	12-9-03	# of pages	18
To	USPTO	From	Ahaji K. Amos		
Co./Dept.	Response Fee	Co.	Polster, Lieder		
Phone #		Phone #	1-314-872-8118		

Docket No.: COOK 8715 C1

Date: December 9, 2003

In re application of: Daniel J. COOK	
Serial No.: 10/072,247	Group No.: 3743
Filed: October 23, 2001	Examiner: Mital B. PATEL
CONF. NO. 4051	
For: RETAINER FOR LARYNGEAL MASK	

St. Louis, Missouri
Date: December 9, 2003

Mail Stop Amendment - Fee
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- ☒ An amendment in the above-identified application in response to the Office Action mailed November 18, 2003;
- ☐ A Petition For Extension of Time for months.
- ☐ No additional fee is required.

Small Entity Status:

- ☒ Applicant claims small entity status.
- ☐ Applicant DOES NOT claim small entity status.

The fee has been calculated as shown:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest No. Previously Paid For	Prscent Extra	Rate - Other Than A Small Entity	Rate - Small Entity	Additional Fee
Total Claims	16 -	20 =	0	\$18.00	\$9.00	-0-
Indep. Claims	4 -	3 =	1	\$86.00	\$43.00	43.00
Total Additional Fee:						\$43.00

☐ A check in the amount of \$ is attached.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account 162201. *Duplicate copies of this sheet are enclosed.*


Ahaji K. Amos, Reg. No: 46,831